

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>[Handwritten initials]</i>	<i>[Handwritten]</i>	<i>[Handwritten]</i>
O.I.P.E. CLASSIFIER	<i>[Handwritten initials]</i>	<i>[Handwritten]</i>	<i>[Handwritten]</i>
FORMALITY REVIEW	<i>[Handwritten initials]</i>	71531	10-18-07
RESPONSE FORMALITY REVIEW	<i>[Handwritten initials]</i>	1020	11-14-07

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral) Canceled A Appeal
 + Restricted O Objected

Claim	Final	Original	Date
1	✓	✓	✓
2	✓	✓	✓
3	✓	✓	✓
4	✓	✓	✓
5	✓	✓	✓
6	✓	✓	✓
7	✓	✓	✓
8	✓	✓	✓
9	✓	✓	✓
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50	✓	✓	✓

Claim	Final	Original	Date
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Claim	Final	Original	Date
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Best Available Copy

If more than 150 claims or 10 actions
staple additional sheet here

(LEFT INSIDE)

J. A. 876
11/4/02